

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007297

STATE FILE NUMBER

AMENDED

Registration District No. 240

Primary Registration District No. 4358

Registrar's No. 6

FILED MAR 2 1962

1. PLACE OF DEATH a. COUNTY New Madrid MO		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lilbourn MO		c. CITY OR TOWN Lilbourn, MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last George Montgomery		4. DATE OF DEATH Month Day Year 2 17 62	
5. SEX M.	6. COLOR OR RACE COL	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/25 1918 43.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Com Labpr	11. BIRTHPLACE (City and state or country) Ala.
13a. FATHER'S NAME Do not know		13b. MOTHER'S MAIDEN NAME Un Known	14. NAME OF HUSBAND OR WIFE Un Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address 804 Willie M. Mc Coy
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 48h	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 9 17 to Feb 17 and last saw him alive on Feb 17 Death occurred at Feb 17 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Daniel R. Hooten MD		22b. ADDRESS 211 N. 3rd St. Lilbourn	
22c. DATE SIGNED 2/19/62			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2/20 62	23c. NAME OF CEMETERY OR CREMATORY Sand Hill	23d. LOCATION (City, town, or county) New Madrid MO
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG. Feb. 20 1962	
		26. REGISTRAR'S SIGNATURE Charles Simpson by H. J. Ponds	

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2627

P. O. Address St. Albans, Vt.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.